

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	2					
19	1					
20						
21						
22						
23						
24						
25						
26						
27						
28						
29	2					
30	1					
31						
32						
33						
34						
35						
36						
37						
38						
39	3					
40	1					
41						
42						
43						
44						
45						
46						
47						
48						
49	1					
50	1					
TOTAL IND.			1	1	1	
TOTAL DEP.		1	1	1	1	1
TOTAL CLAIMS	10	10	10	10	10	10

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1	1		
52			1	1		
53			1	1		
54			1	1		
55			1	1		
56			1	1		
57			1	1		
58			1	1		
59			1	1		
60			1	1		
61			1	1		
62			1	1		
63			1	1		
64	1		1	1		
65			1	1		
66	1	1	1	1		
67	1		1	1		
68			1	1		
69			1	1		
70			1	1		
71			1	1		
72			1	1		
73			1	1		
74			1	1		
75			1	1		
76			1	1		
77			1	1		
78	1		1	1		
79			1	1		
80	1		1	1		
81			1	1		
82	14	15	14	15		
83	14	15	14	15		
84	14	15	14	15		
85	14	15	14	15		
86	1		1			
87			1	1		
88			1	1		
89			1	1		
90			1	1		
91	1		1	1		
92			1	1		
93			1	1		
94			1	1		
95	1		1	1		
96			1	1		
97			1	1		
98			1	1		
99			1	1		
100			1	1		
TOTAL IND.	10	10	10	10	10	10
TOTAL DEP.	10	10	10	10	10	10
TOTAL CLAIMS	10	10	10	10	10	10

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS